



Town of Arlington
 Department of Health and Human Services
 Office of the Board of Health
 27 Maple Street
 Arlington, MA 02476

Tel: (781) 316-3170
 Fax: (781) 316-3175

2013 Bodywork Establishment Permit Application

Annual Fee: \$100.00

1. Please provide the following information:

Establishment Name: _____

Address: _____ Phone: () _____ - _____

Website: _____

Hours of Operation: M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____

2. Please provide the following information on the establishment operator:

Operator Name: _____ Email: _____

Address: _____ Phone: () _____ - _____

3. Please list all *permitted therapists* that will practice at your establishment:

4. Please answer the following questions:

- Who will be the person(s) in charge?

- Is the establishment known by any other names for advertising purposes?
 Yes No If Yes: _____
- Does the establishment contain a waiting area for clients?
 Yes No
- Does the establishment have a hand-washing sink immediately available?
 Yes No
- Have you (the applicant) ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by any state or municipality?
 Yes No

5. Please submit the following items with this application:

- a. Non-refundable application fee (made payable to the Town of Arlington) of \$100.00.
- b. Copies of the permits to practice bodywork of all therapists performing bodywork at the establishment. To obtain a permit, an establishment shall have at least one (1) duly permitted body worker employed at all times.
 - The applicant is responsible for ensuring all persons performing bodywork in his/her establishment are permitted by the Department.
- c. Written sanitation plan for bodywork tables

6. Authorization:

I have read and agree to abide by the Arlington Regulations Governing the Practice of Bodywork (effective November 1st, 2013).

I authorize the Town of Arlington, its agents and employees, to seek information and to conduct an investigation into the truth of the statements set forth in this application. I certify that I have not misrepresented myself and I certify that I shall not misrepresent myself to the public.

I understand that establishments and therapists are subject to inspections by the Department or its authorized agent(s) during all times of operation. I understand that failure to abide by these Regulations may result in revocation of my permit to operate a Bodywork Establishment.

Questions? Please contact the Arlington Board of Health at 781-316-3170

Signature: _____ Date: ____/____/____

Notarized: